

	nal Agency Information
uliteral Name of Local Educational Agency.	Name of LEA Executive Director (Public Charter Schools Only)
Imagine Southeast Public Charter School	Michael DePass
Full Address of Local Educational Agency	Email/Address of LEA Executive Director (Public Charter Schools Only)
3100 Martin Luther King Jr. Ave. SE, Washington, DC, 20032	michael.depass@imagineschools.com
100 to 10	
Main Telephone Number of Local Educational Agency	Telephone Number of LEA Executive Director (Public Charter Schools Only) Baselit
202-561-1622	301-776-4925
Name of Primary LEA Contact for Consolidated Application Programs	Name of Additional LEA Contact for Consolidated Application Programs 1971
Mellssa Winters	Katrina Settles
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Position Title of Primary LEA Contact for Consolidated Application Programs	Position Title of Additional LEA Contact for Consolidated Application Programs
Compliance Officer	Business Manager ,
Email Address of Primary LEA Contact for Consolidated Application Programs	Email Address of Additional LEA Contact for Consolidated Application Programs
mellssa.winters@imagineschools.com	katrina, settles@imagineschools.com
	to any or to construct the name of an analysis of the construction
Telephone Number of Primary LEA Contact for Consolidated Application Programs	Telephone Number of Additional LEA Contact for Consolidated Application Programs
202-561-1622	202-561-1622
Part 2: LEA Certific	cation of Assurances
All assurances and certifications included in Phase I of the application represent requirements associated with the federal grant programs included in the	
Consolidated Application. By signing below, the Applicant certifies that it has read and agrees to all assurances and certifications.	
Colleging and Debugging of Signing actions the contract of the	^
Name of individual Certifying Phase ('Application (Board' Chairperson or Chancellor only)	Stenature of Intividual Certifying Phase Application
Name: of Individual Certifying Phase (Application; Board Chair person of Chancellor, only) 55500 Dr. Barbara Bazron	
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Title of Individual Certifying Phase. Application (Board Chairperson or Chancellor only)	Date of Corollication (Inquiration Umed Signature)
Title of Individual Certifying Knase Lappincation (Board Chair person of Chairtenon Only)	bage or continuous imparation of the continuo
D 1 01 - 2	10/15/10
Board Chairperson	1 4/10/10
	al LEA Certification
Part 5: Additional ECA Certification	
The Phase II application must be returned to the Office of the State Superintent	dent in accordance with the established deadlines. The Superintendent will allow
minimum of 90 days for completion. By signing below, the Applicant certifies t	hat it will submit an approvable Phase II application in accordance with the
deadlines or risk the denial of funding under this Phase I application.	
	^
Name of Individual Certifying Phase l'Application (Board Chairperson or Chancellor only)	Signature of Individual Certifying Phase l'Application
Dr. Barbara Bazron	1/0 11 0/0-1
51.551.541.551.51	La Tara & Sazara
	Lawrence John
Title of individual Certifying Phase I Application (Board Chairperson of Chancellor only)	Date of Certification (input at the time of signature)
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12.0 1.01.1	1 10/19/10
Board Chairperson	41012
SUBMIT BOTH A MICROSOFT EXCEL VERSION OF THIS FULL WORKBOOK AND A SIGNED, SCANNED OF THIS PAGE BY EMAIL TO CON.APP@DC.GOV.	
	*
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OSSE Use Only	
Date Assurances Received:	